

number.

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	12-20* =	0	x \$ ____ =	\$
	INDEPENDENT CLAIMS 37 CFR 1.16(b) or (i))	3-3** =	0	x \$ ____ =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			x \$ ____ =	
				BASIC FEE (37 CFR 1.16)	750.00
	Total of above Calculations =				
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent.				TOTAL =
	** Reissue independent claims over original patent.				750.00
6. <input type="checkbox"/>	Small entity status: Applicant claims small entity status. See 37 CFR 1.27.				
7.	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. <u>50 - 0552</u> :				
a. <input checked="" type="checkbox"/>	Fees required under 37 CFR1.16.				
b. <input checked="" type="checkbox"/>	Fees required under 37 CFR1.17.				
c. <input checked="" type="checkbox"/>	Fees required under 37 CFR1.18.				
8. <input checked="" type="checkbox"/>	A check in the amount of \$ <u>860.00</u> is enclosed.				
9. <input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.				
10. <input type="checkbox"/>	Applicant requests suspension of action under 37 CFR 1.103(b) (fee under 37 CFR 1.17(l) enclosed).				
11. <input type="checkbox"/>	New Attorney Docket Number, if desired <i>[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]</i>				
12. a. <input type="checkbox"/>	Receipt For Facsimile Transmitted CPA (PTO/SB/29A)				
b. <input checked="" type="checkbox"/>	Return Receipt Postcard (Should be specifically itemized, See MPEP 503)				
13. <input checked="" type="checkbox"/>	Other: Petition for 1 month extension (1 page)				

NOTE:*The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.***12. NEW CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 23280 PATENT TRADEMARK OFFICE	<input type="checkbox"/> New correspondence address below	
Name	Davidson, Davidson & Kappel, LLC William C. Gehris		
Address	485 Seventh Avenue 14 th Floor		
City	New York	State	NY
Zip Code	10018		
Country	USA	Telephone	(212) 736-1940
		Fax	(212) 736-2427

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	William C. Gehris
Signature	
Registration No. (Attorney/Agent)	38,156
Date	January 13, 2003

JAN 13 2003

PATENT & TRADEMARK OFFICE U.S.A.

Certificate of Mailing By Express Mailing under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 in an envelope addressed to:

Box: CPA
Assistant Commissioner for Patents
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on January 13, 2003.

Date



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Kareem Stevens

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Re.: Docket No.: 600.1033

Applicant(s): Kevin Francis ALBERT et al.

Serial No.: 09/534,466

Invention: DEVICE AND METHOD FOR CONTROLLING WEB TENSION

Filing Date: 03/24/2000

- CPA Request Transmittal (2 pages);
- Response to Final Office Action (4 pages);
- Petition for Extension of Time (1pages);
- Check for \$860.00;

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JULY 16 2003
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